24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund			
		C C00504530	
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination		
American Media & Advocacy Group		10 18 2016	
Mailing Address 815 Slaters Lane		Amount	
City State	Zip Code	329403.36	
Alexandria VA	22314	Transaction ID : 001	
Purpose of Expenditure		Date of Disbursement or Obligation	
Media placement	Category/ Type 004	10 14 2016	
Name of Federal Candidate	Support O	ffice Sought: House District: 03	
Mowrer, Jim, , ,	X Oppose	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary Seneral	
		U Other (specify) ►	
Full Name of Payee The Prosper Group		Date of Public Distribution/Dissemination	
Mailing Address 435 Fast Main Street		10 18 2016	
- 400 Edot Wall Offoot		Amount	
Suite 250	7:n Code	00575.00	
City State Greenwood IN	Zip Code 46143	88575.00 Transaction ID : 002 Date of Disbursement or Obligation	
Purpose of Expenditure	Category/ 004	M = M / D = D / Y = Y = Y	
Media placement	Type 004	10 18 2016	
Name of Federal Candidate	Support C	ffice Sought: 🗶 House District:03	
Mowrer, Jim, , ,	X Oppose	President Senate State: IA	
Calendar Year-To-Date		isbursement For: Primary 🗶 General	
Per Election for Office Sought	417978.36 2	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	······••••••••••••••••••••••••••••••••	417978.36	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
(c) Forth Independent Experience	•	9 9 9	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Crosby, Caleb, , , [Electron	ically Filed] Date	10 20 2016	
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund	C C00504530	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
dmm Media	10 18 2016	
Mailing Address 1911 N. Fort Meyer Drive	Amount	
Suite 400		
City State Zip Code Arlington VA 22209	14918.46 Transaction ID : 003	
	Date of Disbursement or Obligation	
Purpose of Expenditure Media production Category/ Type 004	10 19 2016	
Name of Federal Candidate Support Office	Sought:	
Mowrer Jim	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
dmm Media	10 18 2016	
Mailing Address 1911 N. Fort Meyer Drive	Amount	
Suite 400	- Income	
City State Zip Code	2813.32	
7.11.11.1g.0.11	Transaction ID : 004 Date of Disbursement or Obligation	
Purpose of Expenditure Media production Category/ Type 004	10 / 19 / 2016	
Name of Federal Candidate Support Office	Sought: House District: 03	
Mowrer, Jim, , ,	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For:	
		
(a) SUBTOTAL of Itemized Independent Expenditures	17731.78	
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7	
(c) TOTAL Independent Expenditures	435710.14	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Crosby, Caleb, , , [Electronically Filed] Date 10		
Olynatule		